





### Sin Ming Autocare BFG Pte Ltd

176, Sin Ming Drive #02-05  
 Sin Ming Autocare Complex  
 Singapore 575721  
 Tel : (65) 6455 0600  
 Fax : (65) 6455 6192  
 Website: www.autocare.com.sg  
 GST Reg. No: 20-0210033-N

CHINA TAIPING INSURANCE (S) PTE LTD  
 105 CECIL STREET #18-00 / #19-00 / #16-01/02  
 THE OCTAGON SINGAPORE 069534

Estimate : E21/2558

Attention : Motor Claim Department  
 Contact : 6389 6111 Fax No. : 6222 1033

*NOT Notified After Pulley Repair 11 Jan @*

Date : 14.01.2021  
 Vehicle Num. : SMG2971T  
 Make/Model : MERCEDES BENZ CLA180  
 Chassis/Eng# : WDD1173422N257672  
 Accident Date : 12.01.2021  
 Claim No. : MT/1117213-001  
 Reference : BFG  
 Policy No. : 5119954563

S/N Quantity Particular Unit Price Amount S\$

- LIST ITEMS :
1. 1PC REAR BUMPER
  2. 1PC REAR BUMPER LOWER
  3. 2PC REAR BUMPER RETAINER
  4. 1SET REAR REVERSE SENSOR
  5. 1PC REAR EMBLEM 'CLA 180'
  6. 1PC REAR LID STAR

*Bulldoz* 1,341.00 ✓  
 259.00 ✓  
 142.00 *Sn* 284.00 X  
 306.00 ✓  
*na* 102.00 X  
*na* 55.00 X  
 2,347.00  
 10.00% Discount S\$ : 234.70  
 2,112.30

List Total S\$ :  
 10.00% Discount S\$ :

LABOUR :  
 TO CHECK REAR WIRING FUNCTION  
 TO APPLY RUSTPROOFING ON AFFECTED AREA  
 LABOUR TO REPLACE & RESET REVERSE SENSOR & CHECK WIRING  
 TO REPAIR, PANEL BEAT ON REAR AFFECTED AREA END PANEL,  
 AND LABOUR TO REPLACE ABOVE PARTS  
 TO SPRAY PAINT ON REAR AFFECTED PANEL, REAR BUMPER  
 SENSOR USING 2K PAINT  
 LABOUR TO REPAIR AND ALIGN ON AFFECTED SILENCER  
 TO TOUCH UP ON REAR BUMPER LIP

*na* 65.00 <sup>15%</sup>  
 120.00 X  
 120.00 <sup>60%</sup>  
 250 700.00  
 250 1,000.00  
*na* 80.00 X  
*na* 150.00 X  
 2,235.00

Labour Total S\$ :

E. & O.E.

Total S\$ : 4,347.30

*Jack*

for Sin Ming Autocare BFG Pte Ltd

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 13/01/2021 11:27 (SGT)  
Date of Accident ..... 12/01/2021 08:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG ANG MO KIO AVE 6 TOWARDS YIO CHU KANG MRT STATION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMG2971T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHOY YIN YEE MERINNA  
NRIC No ..... SXXXX348H  
Email Address ..... MERINNACHOY@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98324483  
Alternative Phone No ..... +65-98324483

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Cla180  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119954563  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM JIT SIEW  
NRIC No ..... SXXXX569I  
Date Of Birth ..... 29/10/1954

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Policy Number ..... 5119954563  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LIM JIT SIEW  
NRIC No ..... SXXXX569I  
Date Of Birth ..... 29/10/1954

Occupation .....	Indoor
Date Of Driving Pass .....	05/09/1973
Driving experience .....	47 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98634332
Alt. Phone Number .....	-
Email Address .....	LIMJITSIEW@GMAIL.COM
Address .....	34 SPRINGLEAF CRESCENT
Address complement .....	-
Postcode .....	788348
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	SLIGHT DRIZZLE
Road Surface .....	Wet

**OTHER INFORMATION**

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

**PASSENGER 1**

Name .....	CHOY YIN YEE MERINNA
Gender .....	Female

**PASSENGER 2**

Name .....	LIM ZHONG ZHENG JORDON SCOTT
Gender .....	Male

**DETAILS OF POLICE ACTION**

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

**CIRCUMSTANCES OF ACCIDENT**

**REFER TO SKETCH PLAN**

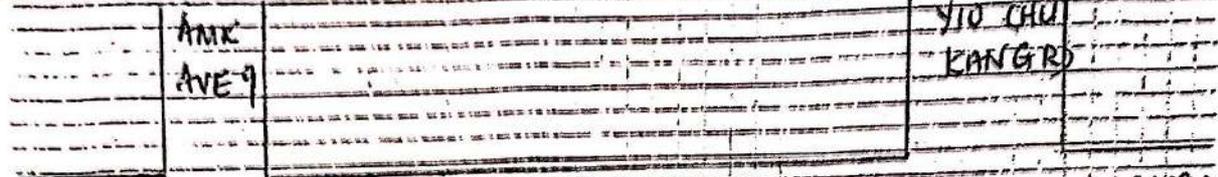
**ATTACHMENT(S)**

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	PD3939L
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Fuso

SKETCH PLAN



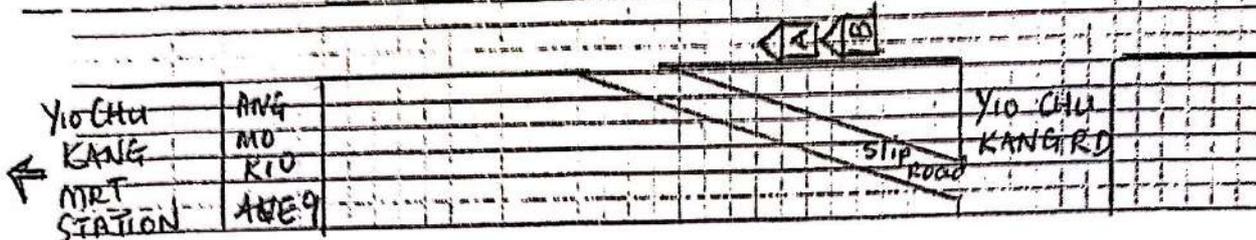
ANG MO KIO

AVE 6

ANG MO

KIO

AVE 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Jan 2021, at about 8:55am, I was driving along Ang Mo Kio Ave 6 towards Yio Chu Kang MRT Station, coming from Yio Chu Kang Road. All cars were stationary waiting some distance before a traffic junction. After some seconds, I felt someone hit the rear of my car. The driver of PD 3939L came out of the bus and admitted that he was at fault. No one was injured.

DECLARATION

We declare the foregoing particulars are true in every respect.

*Chuan...*

Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: